

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		6/4/99
O.I.P.E. CLASSIFIER		25	06-09-99
FORMALITY REVIEW	TC	70017	6/4/99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/6/02
2	✓	✓	1/17/03
3	✓	✓	7/10/03
4	✓	✓	1/17/04
5	✓	✓	5/11/04
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	5/11/04
52	✓	✓	
53	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
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143	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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